

TOWN OF ANDOVER
HEALTH DIVISION
SUBSURFACE DISPOSAL SYSTEM/SEPTIC REPAIR PERMIT APPLICATION

Site Address: _____

Date: _____ Town Map: _____ Town Lot: _____

Installer Name: _____

Address: _____

Owner Name: _____

Address: _____

Telephone: _____

Engineer: _____

Address: _____

Telephone: _____

☐ **New Construction** ☐ **Existing Facility**

☐ **Repair of Existing Septic System** – Describe:

Facility Type:

☐ Dwelling: # of Bedrooms: _____

☐ Food Service: # of Seats: _____

☐ Exterior Grease Trap Size: _____

Is an LUA/Variance required? ☐ Yes ☐ No

If Yes, please list:.

The undersigned agrees to construct the approved sewerage system in accordance with the requirements set forth in the Board of Health Regulations AND Title V, 310 C.M.R 15.000.

Disposal Works Installer's Signature: _____ Date: _____

Attached:

☐ 5 Copies of Design Plan ☐ Sketch Showing Tank Location (for repair) ☐ Application Fee

For Office Use Only:

	<u>Date Received</u>	<u>Date Issued</u>	<u>Approved by</u>	<u>Permit #</u>
DWAP				
DWCP				
DWIP TRENCH				
DWRA TRENCH				
DWRP TRENCH				
Certificate of Compliance				

SUBSURFACE DISPOSAL SYSTEM STAFF REVIEW AND APPROVAL

Address: _____ Town Map _____ Town Lot _____ Subdivision Lot _____

Date Distributed: _____ Plan Date: _____ Revision? ☐ Yes ☐ No

☐ **Sent to**

The **Conservation Commission** Recommends the Following:

- ☐ No action required.
- ☐ Applicant must submit Request for Determination.
- ☐ Applicant should file Notice of Intent
- ☐ Plan conforms to plans approved under existing Order of Conditions #90-_____; no further action required.
- ☐ Plan does not conform to plans approved under existing Order of Conditions #90-_____
☐ Applicant should file written request as to whether changes require a new filing or amendment of the Order of Conditions
OR
☐ Changes proposed appear to have reduced impact on statutory interests and may proceed without further action, provided that an As-Built drawing accompanies the Designer's Certification and the request for a Certificate of Compliance from the Commission.

Signed: _____ Date: _____

Notice: This report is not an assurance of quality or compliance, and third parties, including applicants, are not entitled to rely thereon.

☐ **Sent to**

The **Health Agent** recommends the following:

- ☐ Approval
- ☐ Disapproval for the following reason(s): _____

Signed: _____ Date: _____

☐ **Sent to**

The **Director of Public Health** recommends the following:

- ☐ Approval
- ☐ Disapproval for the following reason(s): _____

Signed: _____ Date: _____

INSPECTION NOTES:

Date:	Details:

Inspector Signature: _____